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LILYNE Gordon AKA. Lilyne Hayes
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Dublin, CA.

ARE-765

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AUG 18 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CLERK OFFICE, UNITED STATES
NORTHERN DISTRICT OF
450 GOLDEN GATE
SAN FRANCISCO, CA

Karen L. Mayle Hayes
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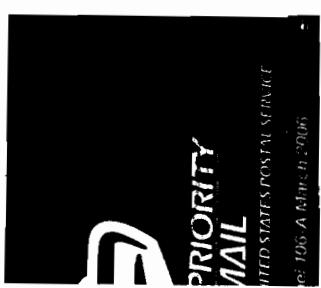
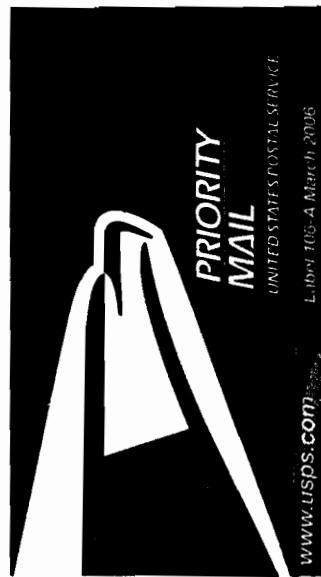
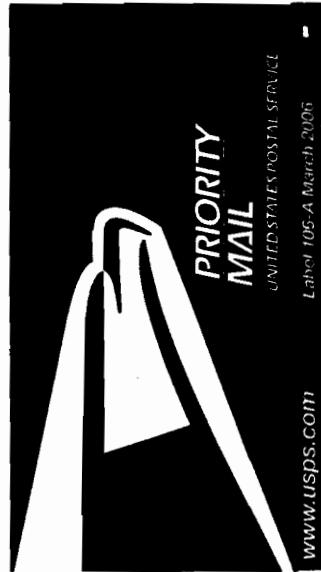
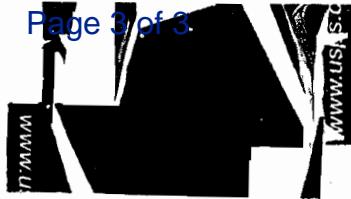
RECEIVED

AUG 16 2008
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CLERK OFFICE, UNITED STATES DISTRICT COURT FOR
THE NORTHERN DISTRICT OF CALIFORNIA,
450 GOLDEN GATE AVE, 16TH FLOOR
SAN FRANCISCO, CA. 94102

Pro
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450 GOLDEN GATE AVE, 16TH FLOOR,
SAN FRANCISCO, CA. 94102



FILED

AUG 19 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

555
New

1 WAYNE Gordon, AKA DWAYNE HAYES, AKE-715
2 Name and Address

5325 BRADLEY BLVD.

3 Dublin, CA. 94568

E. T. J.

5 UNITED STATES DISTRICT COURT
6 NORTHERN DISTRICT OF CALIFORNIA

7 WAYNE Gordon,
8 AKA DWAYNE HAYES,

CV

08

3964

TEH

Case No.

(PR)

Document Name:

42 U.S.C.A. §§ 1983

10 Plaintiff / Petitioner)

11 VS.)

12 GREGORY J. AHERN, SHERIFF)
13 DR. MR. DRR, AND DEPUTY, D. KYES)
14 PHYSICIAN ASSISTANT - MR. VILLA,)

15 Defendant / Respondent)

16 ALAMEDA COUNTY SHERIFF'S JAIL.

DEMAND FOR JURY TRIAL

17 1. JURISDICTION. THIS COURT HAS JURISDICTION OVER THIS
18 COMPLAINT BECAUSE IT ARISE UNDER 42 U.S.C.A. §§ 1983
19 LAW OF THE UNITED STATES.

20 2. VENUE. VENUE IS APPROPRIATE IN THIS COURT BECAUSE ALL OF
21 THE DEFENDANT RESIDE IN THIS DISTRICT, AND A SUBSTANTIAL
22 AMOUNT OF THE ACTS AND OMISSIONS CONCERNING RISE TO THIS
23 LAWSUIT OCCURRED IN THIS DISTRICT.

24 3. INTRADISTRICT ASSIGNMENT. THIS LAWSUIT SHOULD BE ASSIG-
25 NED TO THE SAN FRANCISCO DIVISION OF THIS COURT BE-
26 CAUSE A SUBSTANTIAL PART OF THE EVENTS OR OMISSION WHICH
27 GIVE RISE TO THIS LAWSUIT OCCURRED IN ALAMEDA COUNTY.

28 4. PLAINTIFF / PETITIONER WAYNE Gordon, AKA DWAYNE HAYES
IS A INMATE THEREAT ALAMEDA COUNTY SHERIFF'S JAIL,
"SANTA RITA JAIL". ON THE OTHER HAND, DEFENDANT
GREGORY J. AHERN, SHERIFF, DR. MR. DRR, MEDICAL ADMINISTER,

Off-Not Yet

1 DEPUTY SHERIFF, D. KYES AND PHYSICIAN ASSISTANT MR.
2 VILLA, ALL EMPLOYED BY ALAMEDA COUNTY SHERIFF'S OFFICE.
3

4 5. PROSE COMPLAINT AGAINST VARIOUS JAIL OFFICIALS
5 UNDER CIVIL RIGHTS STATUTE FOR FAILURE TO PROVIDE
6 ADEQUATE MEDICAL CARE, WHILE DELIBERATELY INDIFFER-
7 ENCE TO INMATE HEALTH AND SERIOUS INJURIES CON-
8 STITUTES CRUEL AND UNUSUAL PUNISHMENT IN
9 VIOLATION OF EIGHTH AMENDMENT.

10
11 6. CLAIM/COUNT 1.

12 DEFENDANT, LARRY J. AHERN, IS THE OFFICIAL SUPER-
13 VISOR OF ALAMEDA COUNTY "SANTA RITA JAIL" WHO HAVE
14 A STATUTORY DUTY TO SUPERVISE EMPLOYEES DEPUTY
15 SHERIFF'S AND MEDICAL DEPARTMENT. ALSO, CONDITIONS
16 OF CONFINEMENT TO PREVENT HARM TO INMATES. SHERIFF
17 AHERN, IS LIABLE UNDER CONSTITUTIONAL VIOLATION WHEN
18 A INMATE CAN SHOW THAT HE WAS HARM, OBVIOUS
19 INADEQUACY RESULTING VIOLATIONS OF CONSTITUTIONAL
20 RIGHT THAT THE POLICY-MAKER SHERIFF AHERN, CAN REA-
21 SONABLY BE SAID TO HAVE BEEN DELIBERATELY INDI-
22 FFERENT FOR THE NEED TO TRAIN EMPLOYEES THIS
23 FAILURE REFLECTS ACTION, VIOLATION U.S.C.A. CONST.
24 EIGHTH.

25 DEFENDANT, D. KYES, DEPUTY, IS LIABLE UNDER CONSTITU-
26 TIONAL VIOLATION WHEN EVER OFFICIALS PERFORM OR DIS-
27 CREDITORY FUNCTIONS WHICH WOULD MURK OR IMPAIR
28 THE HEALTH OF INMATE. VIOLATION U.S.C.A. CONST. EIGHTH.

COMPLAINT

1 CLAIM/COUNT 2[#] Defendant X, Medical Administer, DR.
 2 MR. ORR, DELIBERATE INDIFFERENCE TO A SUBSTANTIAL
 3 RISK OF SERIOUS HARM. DR. ORR, WAS AWARE OF
 4 THE FACTS FROM WHICH THE INFERENCE BE DRAWN
 5 THAT A SUBSTANTIAL RISK OF SERIOUS HARM EXIST,
 6 IN LIKE MANNER, MEDICAL X-RAY SERVICES "PACIFIC
 7 IMAGING CONSULTANT" PROVIDE CLEARVIEW MEDICAL
 8 FINDING OF INMATE DWAYNE HAYES RIGHT KNEE,
 9 ADDRESS IN DETAILS TO DR. ORR, ~~FROM RADIOLOGIST~~.
 10 [SEE EXHIBIT L.] AND IN ADDITION INMATE DWAYNE
 11 HAYES WAS AUTHORIZED TO HAVE A WHEEL-CHAIR BY STAFF
 12 DR. MR. PARSONS [SEE EXHIBIT M.] SIMILARLY,
 13 AUTHORIZED FOR WHEEL-CHAIR BY STAFF DR. MIS MCLOY
 14 [SEE EXHIBIT E.] DR. ORR OFFICIALLY UNKNOWN OF
 15 INMATE HAYES MEDICAL CONDITION AND DISREGARDS
 16 AN EXCESSIVE RISK TO INMATE HEALTH & SAFETY. AND
 17 IN ADDITION DR. ORR, MEDICAL ADMINISTER, DELIBERATE
 18 CONSCIOUSLY FAILURE TO SUPERVISE PHYSICIAN ASSISTANT,
 19 MR. VILA CONDUCT UPON "WANTON" EXPRESSED TO
 20 INMATE HAYES, THE SUPERVISORS CAN BE FOUND
 21 IN VIOLATIONS OF U.S.C.A. CONST. AMEND 8.
 22

23 CLAIM/COUNT 3.
 24

25 PHYSICIAN ASSISTANT MR. VILA "DELIBERATE
 26 INDIFFERENCE" TO A INMATE SERIOUS INJURIES, AND
 27 THAT PHYSICIAN ASSISTANT HAD A "SUFFICIENTLY
 28 CULPABLE STATE OF MIND" IN DENYING THE PROPER
 MEDICAL CARE IS SUBSTANTIVE AN ACTIONABLE 8. AMEND VIOLATION.

Complaint

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PRAYER RELIEF

Wayne Gordon wishes money damage
compensate from Alameda County officials
who have violate his right. The compensation
is honorable because the injuries I
sustain \$95,000.00. Praying 85% of the
compensation money be donate. 30% in
memory of John Hayes a war veteran of
Unite State. 55% in memory of Wayne
Gordon wh. is three (3) families for
scholarship. remainder money to Plaintiff.

Praying hopefully

I submit to you

Wayne G.
AKA May Day
Sign.

COMPLAINT

1 **COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**

2 Name Gordon LLAYNE AKA LLAYNE HAYES
3 (Last) (First) (Initial)

4 Prisoner Number ARE-765

5 Institutional Address 5325 BRODER BLD, Dublin, CA 94568
6

7 **UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

8 LLAYNE Gordon AKA LLAYNE HAYES
9 (Enter the full name of plaintiff in this action.)

10 vs.
11 GREGORY J. AHERN # SHERIFF
12 D. KYES # DEPUTY
13 DA. MR. DRAK #
14 MR. VIAL #
15 (Enter the full name of the defendant(s) in this action)

Case No. _____
(To be provided by the Clerk of Court)

COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
Title 42 U.S.C § 1983

16 ***[All questions on this complaint form must be answered in order for your action to proceed.]***

17 I. Exhaustion of Administrative Remedies.

18 **[Note:** You must exhaust your administrative remedies before your claim can go
19 forward. The court will dismiss any unexhausted claims.]

20 A. Place of present confinement ALAMEDA COUNTY "SANTA RITA JAIL"

21 B. Is there a grievance procedure in this institution?

22 YES NO

23 C. Did you present the facts in your complaint for review through the grievance
24 procedure?

25 YES NO

26 D. If your answer is YES, list the appeal number and the date and result of the
27 appeal at each level of review. If you did not pursue a certain level of appeal,
28 explain why.

1 1. Informal appeal JULY 5, 2008 REMOVAL MEDICAL TRANSITI-
2 N X RACKING NUMBER # D8G-S1083 INFORMATION GRIEVA-
3 NCE DISCUSS WITH UNIT #1 DEPUTY NOT RESOLVED. [EXHIBIT A]

4 2. First formal level JULY 23, 2008 X RACKING NUMBER # D8G-
5 S1083, INVESTIGATING SUPERVISOR SGT. M. MALLEY,
6 DENIED. EXHIBIT B

7 3. Second formal level JULY 28, APPEAL OFFICER; AGREE
8 WITH THE DENIED EXHIBIT B

9
10 4. Third formal level JULY 29, 2008 COMMANDING OFFICE
11 AGREE WITH ALL GRIEVANCE UNIT FINDINGS.
12 # SEE EXHIBIT A. & B. #

13 E. Is the last level to which you appealed the highest level of appeal available to
14 you?

15 YES NO ()

16 F. If you did not present your claim for review through the grievance procedure,
17 explain why. N/A

19
20 II. Parties.

21 A. Write your name and your present address. Do the same for additional plaintiffs,
22 if any.

23 PLAINTIFF WAYNE Gordon AKA DWAYNE ET ALIES ARE 765
24 5325 BORDER Blvd.
25 Dublin, CA. 94568

26 B. Write the full name of each defendant, his or her official position, and his or her
27 place of employment.

28 CARROLL J. AHERN, SHERIFF OF ALAMEDA COUNTY JAIL.

1 D. KYES, DEPUTY SHERIFF.
 2 DR. MR. DRR, MEDICAL ADMINISTRATOR, ALAMEDA COUNTY "SANTA RITA JAIL"
 3 MR. VILA, PHYSICIAN ASSISTANT "SANTA RITA JAIL"

4
 5 III. STATEMENT OF CLAIM.

6 STATE HERE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR
 7 CASE.

8
 9 CLAIM/COUNT 1.

10 July 5, 08. Deputy D. KYES REMOVED
 11 INMATE HAYES MEDICAL WHEEL-CHAIR, IN A LIKE MANNER
 12 WITHIN MEDICAL OFFICIAL PERSONNEL. Deputy D. KYES
 13 MENTAL STATE HAD NO REASONABLE UNDERSTANDING
 14 WHEN INMATE HAYES TRY TO EXPLAIN HIS MEDICAL
 15 CONDITION, WHEREAS, IMPAIRING HIS HEALTH.
 16 MOREOVER; Deputy D. KYES INFORM INMATE HAYES MED-
 17ICAL OFFICIAL GIVE ORDERS FOR HIM TO REMOVE THE
 18 INMATE, WHEEL-CHAIR SEE EXHIBIT B. Deputy D. KYES
 19 COURSE OF ACTION PESUDED THE INMATE HAYES SUSTAIN
 20 INJURIES FROM FALLING WITHIN MEDICAL WHEEL-CHAIR
 21 SEE EXHIBIT C.

22 "SEE ATTACHED SHEET"

3.A

23 IV. RELIEF.

24 YOUR COMPLAINT CAN NOT GO FORWARD UNLESS YOU
 25 REQUEST SPECIFIC RELIEF.

26 WAYNE GORDON WISHES MONEY DAMAGE COMPENSATE
 27 FROM ALAMEDA COUNTY OFFICIALS WHO HAVE VIOLATED
 28 HIS RIGHT, THE COMPENSATION IS HONORABLE BECAUSE

COMPLAINT

1 JULY 7.08 DR. MISS MACAY CONDUCTED PHYSICAL
 2 EXAM XA INMAKE HAYES INJURIES SUSTAINED FROM
 3 BEING WITHIN HIS WHEEL-CHAIR. DR. MISS MACAY
 4 PRESCRIBED ANTI-INFLAMMATORY MEDICATION TO
 5 DECREASE SWELLING, AND PAIN. PRESCRIBED VICO-
 6 DIN FOR RIGHT SHOULDER. DEPUTY PROVIDED
 7 FIRST AID ASSISTANT BANDAGE TO STOP THE BLEEDING
 8 TO INMAKE LEFT HAND. SEE EXHIBIT C. EXHIBIT D.
 9 DR. MISS MACAY INQUIRE INKA INMAKE HAYES MEDICAL
 10 FILE BECAME AWARE OF NO MEDICAL AUTHORIZATION
 11 GIVING ORDERS TO DEPUTY D. HAYES TO REMOVE
 12 INMAKE HAYES WHEEL-CHAIR. DR. MISS MACAY AUTH-
 13 ORIZE RELEASE BACK WHEEL-CHAIR, AND IN ADDITION
 14 AUTHORIZE A ONE YEAR MEDICAL CHARGE FOR INMA-
 15 KEE HAYES SEE EXHIBIT E.

16 CLAIM / Exhibit 2.

17 JULY 18.08 MEDICAL ADMINISTRATOR,
 18 DR. MR. DRH REMOVED INMAKE HAYES WHEEL-CHAIR,
 19 IN CONTRAST TO DR. MISS MACAY JULY, 7.08. DR. MR.
 20 DRH, JUSTIFY TO REMOVE THE WHEEL-CHAIR BECAUSE
 21 DEPUTY INFORM HIM INMAKE HAYES WAS UNKNESS
 22 DOING EXERCISE IN HIS CELL. SEE EXHIBIT F. DR. MR.
 23 DRH, MEDICAL REPORT

24
 25 JULY 11.08 WEARING AN IV ALLIUM
 26 SHOULDER SLIPPER AND RIGHT LEG KNEE BRACE, AWKWARDLY
 27 PLANTED LEFT LEG FOOT ON THE GROUND SURFACE INJURY
 28

(SEE ATTACH SHEET 3B)

COMPLAINT

ATTACH-3.A.

1 LEFT ANKLE.

2
3 CLAIM/COUNT 2.

4 JULY 14.08. PHYSICIAN ASSISTANT MR. VILA
5 DECLINE TO EXAM INMATE HAYES LEFT FOOT
6 ANKLE.

7 JULY 14.08 I NOTIFY UNIT 1# NIGHT STAFF
8 DEPUTY I WAS THURING WHEN I STOOL AND IN
9 ADDITION I NOTIFY THE DEPUTY MEDICAL PHYSICIAN
10 ASSISTANT MR. VILA DECLINE TO EVALUATE MY LEFT
11 ANKLE, ON THE OTHER HAND I REQUESTED THE
12 DEPUTY TO TAKE HOW SWELLING UP MY LEFT
13 ANKLE HAD GOTTEN IN THE PAST 3 DAYS # SEE EXHIBIT
14 .G. #

15 JULY 17.08 I HANDLED A MESSAGE REQUEST
16 TO NURSE, MIS. PADU RESPECTFULLY REQUESTING MY MEDICAL
17 CARE TO CONTINUE ISSUE BY DR. MIS MADDO.
18 # SEE EXHIBIT. I. INMATE COPY OF REQUEST. #

19 JULY 18.08 NURSE MIS PADU INFORM ME
20 PHYSICIAN ASSISTANT MR. VILA DECLINE MY MEDICAL
21 REQUEST FOR CONTINUE.

22 JULY 25.08 PHYSICIAN ASSISTANT MR. VILA
23 AUTHORIZE MEDICAL TO WITHHOLD PHYSICALLY EVALUATE
24 ME IN HIS PERSONALITY. # SEE EXHIBIT. H. #

25 JULY 29.08 PHYSICIAN ASSISTANT MR. VILA
26 (SEE ATTACH SHEET 3.C.)
27 COMPLAINT.
28

ATTACH-3,B.

1 DECLINED TO AUTHORIZE INMATE HAYES A SHOE CHRONIC
2 PHYSICIAN ASSISTANT, MR. VILA WAS AWARE INMATE
3 HAYES HAD RIGHT LEG KNEE BRACE ON AT ALL TIMES,
4 AND IN ADDITION TO A LEFT ANKLE INJURY.
5

6 JULY 31, 08 INMATE HAYES FEELING THE EFFECT
7 OF HEADACHE PAIN EVERYTIME I TAKE THIS NEW
8 MEDICATION, PHYSICIAN ASSISTANT, MR. VILA AUTHO-
9 RIZE. I BECAME AWARE OF THE SIDE EFFECT OF THIS
10 MEDICATION CALL BACKLAFIN, WHEREAS, I WROTE
11 A INMATE REQUEST FOR MEDICAL UNIT # NURSE
12 TO STOP GIVING IT TO ME. SEE EXHIBIT J.

13 7/30/08 PHYSICIAN ASSISTANT, MR. VILA, DISCONTINUE
14 MEDICATION BACKLAFIN SEE EXHIBIT H. #

15 AUG 8, 08 I ADVISE PHYSICIAN ASSISTANT
16 MR. VILA, I'D PUT MY LEFT LEG MUSCULAR "HAMSINKS"
17 PLEASE HELP ME RECEIVE MEDICAL SHOE'S, PHYSICIAN
18 ASSISTANT, DECLINE THE REQ. TEST, AND IN
19 ADDITION AUTHORIZE THE SAME MEDICATION
20 BACKLAFIN FOR PAIN. SEE EXHIBIT K. THE GRIEVANCE
21 OF PROOF PHYSICIAN ASSISTANT AUTHORIZE MEDICATION
22 HE KNEW I HAD SIDE EFFECT TO IT. #

23 SPARKING FACTS:

24 INMATE DWAYNE HAYES TRY ASKING
25 FOR COMMON GRAVEL FROM SANTA RITA SHERIFF OFFICE. HOWEVER;
26 DID NOT RECEIVE NO HELP. (SEE EXHIBIT N.)

27 INMATE DWAYNE HAYES TRY ASKING
28 (SEE ATTACH SHEET 3.D.)

COMPLAINT

ATTACH-3.C.

1 MEDICAL AUTHORITY FOR HELP, BECAUSE I TALKED
2 WITH NURSE'S AND PHYSICIAN'S ASSISTANT
3 MR. VILA HAD NO CONCERN FOR MY HEALTH.
4 I DID NOT RECEIVE NO RESPONSE FOR
5 HELP. [SEE EXHIBIT O.]

6 I DECLARE UNDER PENALTY OF
7 PERJURY MY REASONS FOR HELP AT
8 SANTA RITA HALL WAS NOT SERIOUS
9 TO THE OFFICIAL STAFF.

Wm J.

28 COMPLAINT ATTACH-3,D.

1 THE INJURIES I SUSTAIN. 95.000.00. PAYING 85%
2 OF THE COMPENSATE MONEY BE DONATE. 3000\$ IN
3 MEMORY OF RANDY HAYES A WAR VETERAN. 55% IN
4 IN MEMORY OF WAYNE GORDON R. THREE FAMILY GIRLS FOR SCHOOL.
5 REMAINDER MONEY TO PLAINTIFF.

I declare under penalty of perjury that the foregoing is true and correct.

6

7

Signed this 11 day of AUGS , 2008

8

9

Wayne Gorn AKA Wayne Hayes
(Plaintiff's signature)

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04-41-05

CLEARVIEW
MEDICAL X-RAY SERVICES
X-RAY RESULTS

X-RAY RESULTS ARE BASED UPON THE RADIOGRAPHIC EXAMINATION.
CORRELATION WITH CLINICAL EXAMINATIONS IS ESSENTIAL.

PHS
Santa Rita Jail
5324 Border Blvd
Dublin, Ca 94568

→ **Attn. Dr. Orr / M. Campos / H. Campos / K. Malone / S. Shefayee / Mastroianni / Adams/
G. Wilson/ Chen. / Pajong**

Ordering Physician: Pajong

Patient Name: HAYES, DWAYNE

Identification: ARE765

Date of Birth: 8-16-68

Facility: Santa Rita Jail

Housing Unit: 1 F8

Exam Date: 08-10-07

Medical History: 39 y.o. male h/o gsw R knee w/ bullet still lodged.

X-Ray Type: Portable: Right Knee 2V

Findings and Impressions: Right Knee Exam: Positive for shrapnel / metallic fragments in medial knee, osteochondral defect of medial femoral condyle degenerative changes, no effusion seen.

Radiologist: M. Martinucci M.D./tg(08-10-07)

Pacific Imaging Consultants
418 30th Street
Oakland, Ca 9460

Harold Orr, MD

* CORRELATION WITH CLINICAL EXAMINATIONS IS ESSENTIAL.

Pacific Imaging Consultants
418 30th Street Oakland, Ca 94609

EXHIBIT L.

**ALAMEDA COUNTY SHERIFF'S OFFICE
SANTA RITA JAIL
INMATE GRIEVANCE FORM**

NAME: Cecilia AKA Lynette White PFN: ART-765
 HOUSING UNIT: 1-F-#16 DATE: Aug 2008

NATURE OF GRIEVANCE: (Give specific details)

TODAY / AUGUST 2008 I WAS SEEN BY PHYSICIAN DR. ROBERTA M. VILLA FOR AN URGENT & MAJOR PAIN IN MY LEFT ARM & ELBOW AND THE PAIN IS BEING TREATED PHYSICIAN, DR. ROBERTA M. VILLA TALKED WITH ME & ADVISED ME TO TAKE PAIN KILLER. AND I TALKED WITH DR. ROBERTA M. VILLA AND DR. ROBERTA M. VILLA ADVISED ME TO TAKE PAIN KILLER & ADVISED ME TO DISCONTINUE DR. ROBERTA M. VILLA ADVISED ME TO TAKE A BANISTER LIFKINS THERAPY AT THE SAME TIME & TALK WITH DR. ROBERTA M. VILLA & DR. ROBERTA M. VILLA ADVISED ME TO TAKE PAIN KILLER.

I BELIEVE I NEED MEDICAL ATTENTION OF MY MAMM / INJURIES & INJURIES RELATED TO DR. ROBERTA M. VILLA & SHE GIVE YOU AFFIRMATIVE INK INVESTIGATE THE INK?

*

THAT DR. ROBERTA M. VILLA CAN I PLEASE SEE A FAIR INK THAT ALL I ASK THAT NOT AGAINST DR. ROBERTA M. VILLA INK THAT ALL THE TIME

*** DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOTHER FORM, WRITE PAGE 2

INMATE SIGNATURE: Cecilia AKA Lynette White

*** DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY ***

RECEIVED BY DEPUTY: R. BARTHOLOMEW BADGE #: 1964 DATE: 08/09/08

[] RESOLVED - INMATE ACCEPTANCE: _____
EXPLAIN RESOLUTION ON REVERSE SIDE.

CAN NOT BE RESOLVED AT THIS LEVEL
DRAW TRACKING NUMBER FROM CP-01

FORWARDED TO SGT. QUIN

TRACKING NUMBER: 08G-S1292

COPIES: White - Staff use
Yellow - Inmate Receipt Copy

EXHIBIT H.

ML - 51 (rev 8/06)

ALAMEDA COUNTY SHERIFF'S OFFICE
DETENTIONS AND CORRECTIONS DIVISION

ML-76 REV 9/06

Case 3:08-cv-03964-TEH

Document 1-2

Filed 08/19/2008 Page 15 of 28 EXHIBIT 5

SRJ UNIT # 1

GDJ FLOOR# F4C

POD/CELL# F4C

RETURN TO INMATE

MESSAGE REQUEST

DATE: 2/16/2008 Time 9:15 Medical Unit #1 Nurse

() BOOKING () COMMISSARY () INMATE SERVICES () CLASSIFICATION () OTHER

PRINT ONLY!!!

PRINT ONLY!!!

PERSON TO CONTACT: Alison Wright House No: 51
The Hilltop Backstage Inn Unit: Such Such Effect
2nd floor room 101

INMATE NAME: Lorraine Alton Wright PFN: Ant-165 DATE OF BIRTH: 8/11/71

DEPUTY RECEIVING REQUEST: Serves #1775 DATE RECEIVED: _____

*Inmate
Lorraine*

SEE BACK FOR RESPONSE

EXHIBIT 5.



04-41-05

PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)		
PFN:	LOCATION:		
D.O.B. / /			
ALLERGIES:			
Use Last	Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED	
NAME:	DIAGNOSIS (If Chg'd)		
PFN:	LOCATION:		
D.O.B. / /			
ALLERGIES:			
Use Fourth	Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED	
NAME: Hayes, Dwayne	DIAGNOSIS (If Chg'd)		
PFN: ARE 765	LOCATION: Hu 1	D/C Baclofen 20mg QHS x 30d Piroxicam 20mg QHS x 30d Feldene 10mg PO BID x 14d	
D.O.B. 8/16/68	1F 06	Vita Phoulaian PA-C	
ALLERGIES: NKDA			
<u>EXHIBIT H.1</u>			
Use Third	Date 7/30/08	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED	
NAME: Hayes, Dwayne	DIAGNOSIS (If Chg'd) chronic pain management		
PFN: ARE 765	LOCATION: Hu 1	Baclofen 20mg QHS x 30d Piroxicam 20mg QHS x 30d Feldene 10mg PO BID x 14d	
D.O.B. 8/16/68	1F 06	Vita Phoulaian PA-C	
ALLERGIES: NKDA			
<u>EXHIBIT H.</u>			
Use Second	Date 7/25/08	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED	
5123100	04-41-05	DIAGNOSIS (If Chg'd) 3081755 ABNORMAL PUPILS	
IAYES, Dwayne	N:	Cyclosporine A 100mg 30mg P.O. q12h x 90d x 45	
/16/68 B M	ARE 765	Loratadine 10mg P.O. QAM + 100mg P.O. QHS x 90days	
ALLERGIES: NKDA			
First	10 th P ^o	Date 7/23/08	
<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED			

EXHIBIT F.

EXHIBIT E.

DETAIL OFFICE SPECIAL REQUESTS

NAME: M. G. S. DATE: 7/1/08

PFN: 123-456789 LOCATION: 111

DOB: 12/31/1980

1. Move Patient's Location: _____
2. Lower Tier _____ Bottom Bunk _____
3. Linen change: Clothing _____ Bedding _____
4. Crutches _____ Cane _____
5. Other requests: _____

Beginning Date: 7/1/08 Ending Date: 7/1/08

VSEVILLA, LWN

Signature _____



PHYSICIANS' ORDERS

NAME: PFN: D.O.B. ALLERGIES:	LOCATION:	DIAGNOSIS (If Chg'd)
Use Last NAME: PFN: D.O.B. ALLERGIES:	Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: PFN: D.O.B. ALLERGIES:	LOCATION:	DIAGNOSIS (If Chg'd)
Use Fourth NAME: Dwayne Hayes PFN: ARE 765 D.O.B. 8/16/68 ALLERGIES: NK	Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
Use Third NAME: Hayes, Dwayne PFN: ARE 765 D.O.B. 8/16/68 ALLERGIES: NK	LOCATION: ARE 765 Date 7/10/08	DIAGNOSIS (If Chg'd) wheel chair per <u>cond & clinic</u> only. If per wheel chair known <i>[Signature]</i>
EXHIBIT D.		<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
Use Second 75123100 HAYES, Dwayne 8/16/68 B M ALLERGIES: NK	Date 7/7/08	DIAGNOSIS (If Chg'd) 1) Febuxstone 20 mg po bid x (odays) 2) Vicodin 10 po bid x (odays) 3) Feldene 20 mg po q day x (0 days) <i>[Signature]</i>
Use First 1. AM Date 5/18/08	1 FG	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED EXHIBIT D. MEDICAL RECORDS COPY <i>[Signature]</i>

Prison Health Services Medical Request Form

[Forma de la Petición de los Servicios Médicos]

- Inmate – do not write in shaded area.** [El interno – no escribe en área sombreada.]
- Place this form in the sick call box or give it to medical staff.** [Poner esta forma en la caja enferma de la llamada o darla al personal médico.]
- If you do not complete all information, your appointment may be delayed.** [Si usted no termina toda la información, su cita puede ser retrasada.]
- A copy will be given to you after the visit.** [Una copia le será dada después de la visita.]
- You may be charged \$3.00 for each health care visit.** [Usted puede ser cargado \$3.00 para cada visita del cuidado médico.]

DATE [FECHA]	NAME [NOMBRE]: LAST [PASADO]	FIRST [PRIMERO]	MIDDLE [MEDIO]	DOB [NACIMIENTO]	PFN [ID]
7/7/08	OLIVE, JAMES	JAMES		1971/08/08	12345678

HOUSING LOCATION [LOCALIZACIÓN DE LA CUBIERTA]					
SRJ: UNIT [UNIDAD]	POD/CELL [CÉLULA]	FILE	GDDF: FLOOR [PISO]	POD/CELL [CÉLULA]	

CO-PAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF

- Patient not seen. NIC DUPLICATE NO SHOW REFUSED OTA
- Visit was for diagnosis or treatment of communicable disease condition.
- Visit was for a follow-up requested by the clinician.
- Visit was NOT exempt from co-payment. Send ORIGINAL WHITE page to Accounting.

CLINICIAN'S SIGNATURE	CLINICIAN'S NAME (Print/Stamp)	DATE
		7/7/08
Inmate's Signature [Firma Del Interno]	Patient Refused to Sign <input type="checkbox"/>	Witness if Patient Refused to Sign

Date of Triage:	Signature and Print/Stamp	
Disposition: <input type="checkbox"/> Sick Call	<input type="checkbox"/> Specialty Clinic	<input type="checkbox"/> Other

RELEASE OF RESPONSIBILITY [LANZAMIENTO DE LA RESPONSABILIDAD]		
I am refusing sick call due to [Estoy rechazando la llamada enferma debido a:]		
Date [FECHA]	Inmate's Signature [Firma Del Interno]	Refused to Sign [Rechazado para Firmar] <input type="checkbox"/>
CLINICIAN'S SIGNATURE	CLINICIAN'S NAME (Print/Stamp)	Witness if Patient Refused to Sign

Tell us below why you want to see health care staff. In the area below, write down anything you want health care staff to know. [Decírnos abajo porqué usted desea ver a personal del cuidado médico. En el área abajo, anotar cualquier cosa que usted quisiera que el personal del cuidado médico supiera.]		
<p>July 7, 2008 To get around inmate had to sprint off his own LEFT LEG However; I had to use my right hand to stop myself when I put weight on my knee cap with gun shot would REINJURE IT.</p> <p>July 7, 2008 I came out the post I fell in slow stone broken my fall on the ground with right hand hit my left hand had a rash and cut the inside of my left hand.</p> <p>I'm in much so much pain.</p> <p>REINJURE shoulder from the fall on July 7, 2008</p>		
Signature of Patient [Firma de la Paciente]	WHITE: Accounting	Date [Fecha]
PINK: Health Services File	CANARY: Inmate/Patient	Revised 1/24/08

EXHIBIT C.

INMATE GRIEVANCE RESPONSEGRIEVANCE TRACKING NUMBER: 08G-S1083INMATE: Hayes, Dwayne PFN: ARE765 HOUSING UNIT LOCATION: 1 F 06GRIEVANCE IS AFFIRMED: _____ DENIED: X WITHDRAWN: _____ RESOLVED: _____ REFERRED: _____

If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):

These findings are based on a review of your grievance dated July 5, 2008.

In your grievance, you made the following claim(s):

1) The housing unit deputy took your wheelchair. You need your wheelchair because of your medical condition.

Response: The Grievance Unit presented your grievance to PHS (Prison Health Services). The following contains input from both PHS and the Grievance Unit.

1) The Grievance Unit found that the housing unit deputy took your wheelchair at the direction of Prison Health Services. PHS stated that the wheelchair is to be used for long ambulatory movement only. This portion of your grievance is DENIED.

RECOPY

Investigating Supervisor:

M. Molloy, SergeantDate: 7/23/08Inmate's Signature: Lily Dwayne HayesDate: 7/24/08Do you wish to appeal this ruling? Yes / No /

Refused to Answer _____

Date: 7/24/08Appeal Officer: Dan GossRecommendation: ConcurDate: 7/28/08

Reason for affirmation or denial: (If different from above)

Commanding Officer:

J. FagerRecommendation: AGREEDate: 07/28/08ML52
(Rev.01/01/05) kab**EXHIBIT B.**

ENTERED AUG - 1 2008

**ALAMEDA COUNTY SHERIFF'S OFFICE
SANTA RITA JAIL
INMATE GRIEVANCE FORM**

NAME: John C. Smith PFN: ABF765
 HOUSING UNIT: 1E16 DATE: 7/1/08

NATURE OF GRIEVANCE: (Give specific details)

Plaintiff is looking for the return of his personal items that were taken by the Sheriff's Office. Plaintiff is also requesting that he be allowed to make a telephone call to his attorney.

Plaintiff is also requesting that he be allowed to make a telephone call to his attorney.

Plaintiff is looking for the return of his personal items that were taken by the Sheriff's Office. Plaintiff is also requesting that he be allowed to make a telephone call to his attorney.

The Plaintiff is requesting that he be allowed to make a telephone call to his attorney.

***DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOTHER FORM, WRITE PAGE 2

INMATE SIGNATURE: _____

***** DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY *****

RECEIVED BY DEPUTY: W. P. et al BADGE #: 1376 DATE: 5/20/08

RESOLVED - INMATE ACCEPTANCE: _____ CAN NOT BE RESOLVED AT THIS LEVEL
EXPLAIN RESOLUTION ON REVERSE SIDE. DRAW TRACKING NUMBER FROM CP-01

FORWARDED TO SGT. _____ TRACKING NUMBER: 20815-S1083

COPIES: White - Staff use
Yellow - Inmate Receipt Copy

EXHIBIT A.

DETAIL OFFICE SPECIAL REQUESTS

NAME: Wayne Wayne DATE: 8/9/07PFN: 45-705 LOCATION: IDOB: 8/16/67

1. Move Patient's Location: _____
2. Lower Tier _____ Bottom Bunk _____
3. Linen change: Clothing _____ Bedding _____
4. Crutches _____ Cane L.C & knee sprain
5. Other requests: Knee sprain

Beginning Date: _____ Ending Date: _____

V V
Signature

ML-76 REV 9/06

ALAMEDA COUNTY SHERIFF'S OFFICE
DETENTIONS AND CORRECTIONS DIVISION

SRJ UNIT # 1GDJ FLOOR# 1POD/CELL # F-12

RETURN TO INMATE _____

MESSAGE REQUEST

MESSAGE REQUEST

DATE: 8/5/2008
TIME: 4:30 AM TO Medical Authority Department
 BOOKING COMMISSARY INMATE SERVICES CLASSIFICATION OTHER

PRINT ONLY!!!

PRINT ONLY!!!

PRINT ONLY!!!

PERSON TO CONTACT: Medical Authority Department
I HAVE TO GET IT WAY TO EMPHASIZE I'M AN INVALID
PHYSICAL CONDITION HURTING MUSCLE, FIBER & BONE WEAKNESS
BUT MY PHYSICAL CAP ABILITY, LEFT ANNIE SPRAIN
ASSISTANT & ME. VTA FOR A SHOE CHAIRS THE I CAN BE SUPPORTED
TO THE GROUND IN SLOW MOTION "DON'T INSTANTLY". I AM
INFORMING NOT WITH MEDICAL AUTHORITY TO HELP MY HAD SHIRT
INMATE NAME: GREGORY M. HATZES PFN: AKT-125 DATE OF BIRTH: 8/16/1968
DEPUTY RECEIVING REQUEST: M.N.ZU # 1863 DATE RECEIVED: _____

SEE BACK FOR RESPONSE

EXHIBIT O.

ML-76 REV 9/06

ALAMEDA COUNTY SHERIFF'S OFFICE
DETENTIONS AND CORRECTIONS DIVISIONSRJ UNIT # 1GDJ FLOOR# F-16
POD/CELL# F-16DATE: July 14, 2008
TIME: 4:45 PM To Building Dept Unit #1 RETURN TO INMATE
 BOOKING COMMISSARY INMATE SERVICES CLASSIFICATION OTHER

PRINT ONLY!!! PRINT ONLY!!! PRINT ONLY!!!

PERSON TO CONTACT: Building Unit 1 Sheriff #
I AM TO NOTIFY THE Building Dept OF TO TAKE NOTICE
OF A MEDICAL EMERGENCY.BICE, I am in pain... I will like for you to be aware as I have
MATE WITH ACTIVITY PLEASE TAKE A FACILITY VISIT OF MY ANKLE.INMATE NAME: William J. Antunes PFN: AKL-765 DATE OF BIRTH: 8/16/70

DEPUTY RECEIVING REQUEST: _____ DATE RECEIVED: _____

SEE BACK FOR RESPONSE

07/14/08
Time 3:45PM

EXHIBIT G.

ALAMEDA COUNTY SHERIFF'S OFFICE
DETENTIONS AND CORRECTIONS DIVISION

ML-76 REV 9/06

DATE: July 15, 08

MESSAGE REQUEST

SRJ UNIT # 1
GDJ FLOOR# F-#6
POD/CELL # F-#6
RETURN TO INMATE _____

() BOOKING () COMMISSARY () INMATE SERVICES () CLASSIFICATION OTHER

PRINT ONLY!!!
 PRINT ONLY!!!

PERSON TO CONTACT: Sgt. M. Mallard
I AM EXPLAINING THAT I WILL NOT WRITE ANYTHING UPON
MURKIN STAFF. PLEASE: IF CAME UP WITH NAME NAME SGT M. MALLARD UPON
WAS STANDING TIME EXTENDED TO INVESTIGATION TO MY SICK VARIETY SC
I WOULD PLEASE WITH REQUEST TO SEND MURKIN WRITING OF COMMUNICATION
BE TALKED ME & MEET STAFF.

INMATE NAME: Jeffrey L. PPN: AKE-765 DATE OF BIRTH: 8/16/71
DEPUTY RECEIVING REQUEST: M. Nelle H. 1863 DATE RECEIVED: _____

SEE BACK FOR RESPONSE

J. Mallard

ALAMEDA COUNTY SHERIFF'S OFFICE

ML-76 REV 9/06

DETENTIONS AND CORRECTIONS DIVISION **SRJ UNIT #** 1
MESSAGE REQUEST **GDJ FLOOR#** _____
ML-76 REV 9/05

卷之三

DATE: 12/21/11

PRINT ONLY / DO NOT FILE / RETURN TO INMATE _____
BOOKING () COMMISSARY INMATE SERVICES () CLASSIFICATION OTHER
PRINT ONLY / PRINT ONLY / PRINT ONLY

PRINT ONE

PERSON TO CONTACT: MEDICAL DEPARTMENT
HABILITÉ RESPECT TO THE MEDICAL DEPARTMENT AND FACILITIES
1500 LE CANNONVILLE 15 AND THE NATIONAL OF THE CARRIAGE
AUTHORITY OF THE SHERIFF'S OFFICE INSTITUTE. MEDICAL; MY MUSC
SK CLOTHING AND WIS AN' WILLING TO ABIDE MY MEDICINE (ID-1-
1714) TIN TAHMIS CRASTINÉ WUN RECAIDS TO MY SKATELOR IN THE
KJET MUSKÉ, ANKLE WHOSÉ. #/ T KISU COTELLY SUDMAN TAL MUSKÉ.
INNATE NAME: GANGA HABILÉ BEN: AGE: 765
DATE OF BIRTH: 8/11/70

DEFINITION RECEIVING REQUEST: _____
DEFINITION MAILING TITLE: _____

Exhibit T.

CIVIL COVER SHEET

JS 44 (Rev. 1-16-08)

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO OF THE FORM.)

(a) PLAINTIFFS

WAYNE GORDON
AKA - WAYNE HAYES ARE-765

DEFENDANTS

GREGORY J. AHERN AND D. KYES
DR. MR. DBR, AND MR. VITA.

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES) ALAMEDA

County of Residence of First Listed Defendant
(IN U.S. PLAINTIFF CASES ONLY) ALAMEDA

(c) Attorney's (Firm Name, Address, and Telephone Number)

PRO SE 5325 Brader Blvd.
Dublin, CA.
94568

Attorneys (If Known)

N/A

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

<input type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)
<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State	<input checked="" type="checkbox"/> TF	<input type="checkbox"/> DEF	<input type="checkbox"/> PTF	<input type="checkbox"/> DEF
<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> 610 Agriculture	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 362 Personal Injury—Med. Malpractice	<input type="checkbox"/> 620 Other Food & Drug	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 365 Personal Injury—Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 630 Liquor Laws	<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 640 R.R. & Truck	<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 640 Airline Regs.	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 650 Occupational Safety/Health	<input type="checkbox"/> 480 Consumer Credit
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability		<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 510 Selective Service
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 360 Other Personal Injury		<input type="checkbox"/> 720 Labor/Mgmt. Relations	<input type="checkbox"/> 850 Securities/Commodities/ Exchange
<input type="checkbox"/> 195 Contract Product Liability			<input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act	<input type="checkbox"/> 875 Customer Challenge
<input type="checkbox"/> 196 Franchise			<input type="checkbox"/> 740 Railway Labor Act	12 USC 3410
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	SOCIAL SECURITY	
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 510 Motions to Vacate Sentence	<input type="checkbox"/> 861 HIA (1395f)	<input type="checkbox"/> 890 Other Statutory Actions
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 515 Habeas Corpus:	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 891 Agricultural Acts
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 530 General	<input type="checkbox"/> 863 DIWC/DIW (405(g))	<input type="checkbox"/> 892 Economic Stabilization Act
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 444 Welfare	<input type="checkbox"/> 535 Death Penalty	<input type="checkbox"/> 864 SSID Title XVI	<input type="checkbox"/> 893 Environmental Matters
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/ Disabilities - Employment	<input type="checkbox"/> 540 Mandamus & Other	<input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 894 Energy Allocation Act
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/ Disabilities - Other	<input type="checkbox"/> 550 Civil Rights		<input type="checkbox"/> 895 Freedom of Information Act
	<input checked="" type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 900 Appeal of Fee Determination
			IMMIGRATION	<input type="checkbox"/> 901 Equal Access to Justice
			<input type="checkbox"/> 462 Naturalization Application	<input type="checkbox"/> 950 Constitutionality of State Statutes
			<input type="checkbox"/> 463 Habeas Corpus - Alien Detainee	
			<input type="checkbox"/> 465 Other Immigration Actions	

V. ORIGIN (Place an "X" in One Box Only)

<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	Transferred from
				<input type="checkbox"/> 5 another district (specify)
				<input type="checkbox"/> 6 Multidistrict Litigation
				<input type="checkbox"/> 7 Judge from Magistrate Judgment

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

42 U.S.C.A. § 1983

Brief description of cause:

"WANYON DELIBERATE/MALPRACTICE HEALTH BREAKMENT."

VI. CAUSE OF ACTION

<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23	DEMAND \$ <u>95,000.00</u>	CHECK YES only if demanded in complaint
		JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

VII. REQUESTED IN COMPLAINT:

PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE "NOTICE OF RELATED CASE".

IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2)
(PLACE AND "X" IN ONE BOX ONLY)

SAN FRANCISCO/OAKLAND

SAN JOSE

DATE

Aug 11, 2008

SIGNATURE OF ATTORNEY OF RECORD

Wayne Gordon, Pro Se
AKA - Wayne Hayes